Author's response to reviews

Title: Ladies in Waiting: The timeliness of first trimester termination of pregnancy services in New Zealand

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Dear Reviewers,

Thank you very much for your comments and suggestions. We too believe this is an important topic that has received little consideration in this part of the world. Below is a list of the revisions made based on your suggestion.

Reviewer 1
- We have added more description around the legal requirements for accessing TOP services, specifically on the role of primary care providers, funding and service provision.
- Complication rates for New Zealand were not readily available, but the latest abortion rate was added to the introduction.
- Confusing commentary around psychological outcomes was eliminated, and the point stressed that delay is a contributor to woman's stress. However, we felt that the topic of negative physical outcomes associated with delays in services had been covered in previous paragraphs.
- We have added a diagram illustrating the care pathway which complements the section describing New Zealand's system. However, we felt that adding the mean number of days delay to the diagram was confusing, resulting in many lines indicating which two boxes the number related to.
- Differences in delay by ethnicity, other socio-demographic characteristics and clinic characteristics are being explored in a separate paper.
- Comments regarding the limited availability of MTOP in New Zealand were added.
- Error in the study time period was corrected.
- Self-selection bias comments were changed to show that we are unsure what direction this bias could have affected our results.

Reviewer 2
- The introduction was shortened. However, we believe that the paragraphs
referred to in pages 3 and 4 contribute strongly to justifying the need for the study and therefore were not deleted.

- Brief comments were added regarding the non-participant clinics, and description of variables not presented in this paper was deleted.

- Unnecessary repetition of data presented in table 1 was eliminated.

- Results surrounding gestational age were clarified to include the 10th week of gestation.

- We were confused about how the results on participants' perceptions of timeliness related to awareness of increased risk with greater gestational age. Analysis not presented in this paper indicated that women who thought the process took too long actually took on average 7 days longer to access TOP than women who thought it took about the right amount of time. We'll be happy to clarify further if the reviewer wishes to make this point clearer.

Best Regards,

Martha Silva